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KEVIN L. RUSSELL CHERNOFF, VILHAUER, MCCLUNG & STENZEL LLP 1600 ODSTOWER 601 SW SECOND AVENUE					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
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		<u></u>					(Signature)			
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APPLICATION NO.	ICATION NO. FILING DATE		FIRST NAMED INVEN	TOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.		
09/580,808 05/26/2000			Muhammed Ibrahim S			SLA0317 (7146.0085)		9106		
TITLE OF INVENTION: AUDIOVISUAL INFORMATION MANAGEMENT SYSTEM										
APPLN, TYPE	SMALL ENTITY	ISSUH FEE DUE	PUBLICATION FEB I	OUE	PREV. PAID ISSUE I	FEE TOTA	AL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1510	\$0		\$0		\$1510		08/19/2011	
EXAMINER		ART UNIT	CLASS-SUBCLAS	S						
SHANG, ANNAN Q		2424	725-046000							
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Chernoff, Vilhauer, McClung 2 & Stenzel 3							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Sharp Laboratories of America, Inc. Camas, WA Please check the appropriate assignce category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government										
4a. The following fee(s) are Issue Fee Publication Fee (Nos	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO=2038 is attached: Via EFS Web. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 031550 (enclose an extra copy of this form).									
5. Change in Entity Status (from status indicated above) \[\begin{align*} \text{ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.} \] \[\begin{align*} \text{ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).} \]										
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